

RECEIVED
CENTRAL FAX CENTER

JUN 30 2005

PTO/SB/21 (09-04)

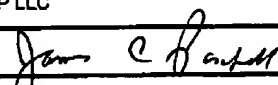
Approved for use through 07/31/2006. OMB 0151-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/717,888
	Filing Date	November 20, 2003
	First Named Inventor	Brian W. Hedrick et al.
	Art Unit	1764
	Examiner Name	Jennifer A. Leung
	Attorney Docket Number	106010-1
Total Number of Pages in This Submission		14


ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): ** Amendment, Request and Fee Deleting Person Who is Not Inventor of the Invention Now Being Claimed ** Credit Card Payment Form (PTO-2038)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	UOP LLC		
Signature			
Printed name	James C. Paschall		
Date	June 30, 2005	Reg. No.	36,887

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Geraldyn M. McFadden	Date	June 30, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 260**Complete if Known**

Application Number	10/717,686
Filing Date	November 20, 2003
First Named Inventor	Brian W. Hedrick et al.
Examiner Name	Jennifer A. Leung
Art Unit	1764
Attorney Docket No.	106010-1

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	\$50	=			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	\$200	=			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

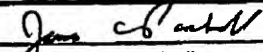
Non-English Specification, \$130 fee (no small entity discount)

Other: Fee Code 1808 (\$130); Fee Code 1814 (\$130)

Fees Paid (\$)

\$260

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	36,887	Telephone	(847) 391-2355
Name (Print/Type)	James C. Paschall	Date	June 30, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

"Official"

CERTIFICATE OF MAILING OR TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail on the date indicated below in an envelope addressed to Commissioner for Patents; P.O. Box 1450; Alexandria, VA 22313-1450, or facsimile transmitted to the Commissioner for Patents.			
Name (Print/Type)	Geralyn M. McFadden	Fax # (if faxed)	(703) 872-9306
Signature	<i>Geralyn M. McFadden</i>	Date	June 30, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**RECEIVED
CENTRAL FAX CENTER**

Appl. No. : 10/717,686
Applicant : Brian W. Hedrick
Filed : November 20, 2003
TC/A.U. : 1764
Examiner : Jennifer A. Leung

Confirmation No. 9328

JUN 30 2005

Docket No. : 106010-1
Customer No. : 23490

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT "A"

Sir:

In reply to the Office action of March 30, 2005, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 5 of this paper.

"Official"

CERTIFICATE OF MAILING OR TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail on the date indicated below in an envelope addressed to Commissioner for Patents; P.O. Box 1450; Alexandria, VA 22313-1450, or facsimile transmitted to the Commissioner for Patents.			
Name (Print/Type)	Geralyn M. McFadden	Fax # (if faxed)	(703) 872-9306
Signature	<i>Geralyn M. McFadden</i>	Date	June 30, 2005

**RECEIVED
CENTRAL FAX CENTER****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****JUN 30 2005**

Appl. No. : 10/717,686
 Applicant : Brian W. Hedrick et al.
 Filed : November 20, 2003
 TC/A.U. : 1764
 Examiner : Jennifer A. Leung

Confirmation No. 9328

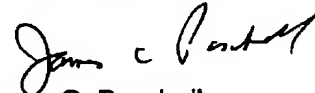
Docket No. : 106010-1
 Customer No. : 23490

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

**AMENDMENT, REQUEST AND FEE DELETING PERSON WHO IS
 NOT INVENTOR OF THE INVENTION NOW BEING CLAIMED
 (37 C.F.R. §1.48(b))**

1. This amendment and request under 37 C.F.R. §1.48(b) is to delete the name of the following person named as an inventor and who is not the inventor of the invention now being claimed: **Thuy Khanh T. Nguyen**
2. Claims now on file: originally filed claims 1-6 and 8 as amended on June 30, 2005.
3. Fee (37 C.F.R. §1.17(i)—\$130.00): Authorization is hereby made to charge the amount of \$130.00 to Credit card as shown on the attached credit card information authorization form PTO-2038. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

Respectfully submitted,



James C. Paschall
 Attorney for Applicants
 Reg. No. 36,887
 (847) 391-2355 (phone)
 (847) 391-2387 (fax)

07/01/2005 TL0111 00000004 10717686

01 FC:1000

130.00 OP

JCP/gm